



Keep It Real, Keep It Legal
Human Resource Considerations

Objectives

- ❑ Identify potential human resource and legal issues associated with precepting
- ❑ Explore the pitfalls of precepting through a discussion of case studies

Human Resource Considerations

One aims for 100 percent success for the oriented, but this may not always happen. This information is targeted towards the orientee who is struggling . . . recognizing that this is reality.

What is your legal responsibility as a preceptor for the new orientee?

What are your responsibilities as a preceptor in the documentation process of orientation?

What if you, the preceptor, feel that the orientee is not ready to come off orientation?

What do you do when your preceptee does not pass boards?

What do you think about having liability insurance?

Case Study

A nursing student was negligent in the fall and injury of a patient during transfer. The nursing student was at an educational level in which she had the training and should have been able to care for this patient. The student nurse testified that she had received training to assist patients with ambulation and transfer. The preceptor testified that the patient needed someone close with her at a safe distance at all times to ambulate. The health care facility was held to the same legal standard for a student's error as an error by an RN.

Case Study

The 58-year-old patient went to the hospital's intensive care unit following cardiac bypass surgery. On his second post-op day, he began to have cardiac arrhythmia. The graduate nurse caring for him asked her preceptor what to do and was told to call the cardiologist.

The cardiologist ordered .25mg of digoxin. The graduate nurse said the cardiologist ordered 1.25mg. The preceptor phoned the pharmacy to deliver the med. The patient was worsening, so the preceptor told the graduate nurse not to wait for medication from the pharmacy but to get the med from stock. The graduate nurse, unsupervised, obtained three .5mg vials and pushed two and one-half of them (1.25mg) into the patient's IV line.

Shortly, the pharmacist phoned the preceptor to question the amount of digoxin ordered. Only then did the preceptor realize she had allowed the graduate nurse to push five times the amount that was actually ordered.

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